

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Performance Report for Grants and Cooperative Agreements

ACADEMIC YEAR 2015-2016



**Instruction Manual for Grantees of the
Nurse Anesthetist Traineeship**

Annual Performance Report

Welcome

Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **NAT** grant program:
 - o **To provide traineeships to eligible individuals enrolled in an accredited graduate-level nurse anesthesia degree program.**
2. Data submitted by grantees of the program must cover all activities that took place between **July 01, 2015 - June 30, 2016** (referred to as **Annual Performance Report**)
3. **The PRGCA is due no later than August 01, 2016.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.
4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

We appreciate your feedback and assistance during this process. All requests for technical assistance will be coordinated through the Call Center and responded to promptly. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center via:

- Phone at **877-Go4-HRSA/877-464-4772** or
- Click this link to send us your inquiry: [click here](#).


National Center for Health Workforce Analysis


Performance Metrics and Evaluation Branch

Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the annual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforce (BHW) (OMB # **0915-0061**). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information which will assist you in completing each subform accurately (see below).

 Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

 Marks a tip or important note for completing a specific Block or subform in the BPMH system.

 Marks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of annual reporting, the BPMH system has been recently enhanced so as to prepopulate specific Blocks within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.



The screenshot shows a web interface for the BPMH system. At the top, there is a link labeled "View Prior Period Data" which is highlighted with a red rectangular box. Below this link, there is a section titled "Add Training Program" with a blue header. Underneath, there is a dropdown menu labeled "Select Type of Training Program Offered" and a "Select One" button. A note below the dropdown menu says "(Click the 'Load Program Details' button after selecting your training program)".

Figure 1. Screenshot of View Prior Period Data Link

Getting Started - How Performance Measure Data Fields Are Identified in the Forms

No.	Type of Training Program	Trainees by Training Category		Attrition	
		Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a
1	Degree/Diploma MD/MPH Health Policy & Management	20	5	1	0

Column Number

Block Number

Figure 2. Example of Performance Measures Data Table

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

Column Number: The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.

Block Numbers: The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

Getting Started: Browser Settings



Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.

- HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.
- There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: [Recommended Settings](#).
- Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.
- Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.
- Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings:** Check your Internet browser and its settings by using ‘Recommended Settings’ tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA’s “Reporting on Your Grant” link <http://bhw.hrsa.gov/grants/reporting/index.html> including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links:** Several resources are available via the ‘Resource’ tab on the EHB home screen including the following links:
 - View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
 - Glossary- Current definitions of key terms
 - Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
 - View recorded videos of how to enter data in the BPMH system: <https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos>
 - View the recorded TA webinar provided for your grant program. Please access the recording by using the link provided by your Government Project Officer.
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2; EXP-2, prior to EXP-3)
8. **Saving and Validating:** You must click ‘Save and Validate’ in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center using the contact information below. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email.
 - Phone at 877-Go4-HRSA/877-464-4772; or
 - Click this link to send us your inquiry: [click here](#).
10. **Government Project Officers:** Contact your Government Project Officer if you need further assistance.

Order of Required Forms

The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

Order	Type of Form	Parent Form	Form ID
1	Setup Form	Setup Forms	Training Program
2	Performance Data Form	Program Characteristics-PC Subforms	PC-1
3	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN
4	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY
5	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1
6	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2
7	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3

Training Program - Setup

Training Program Setup - Selecting Type of Training Program



Warning: A new entry in the Training Program Setup form is only needed if BHW-funded financial awards were provided to students in degree programs other than those previously reported. If BHW-funded financial awards were only provided to students in degree programs previously reported, skip to the last step for this subform.

★ Add Training Program

Select Type of Training Program Offered
(Click the 'Load Program Details' button after selecting your training program)

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered

For a Degree/Diploma/Certificate Program, Select Primary Focus Area

For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program

Select One

Select One

Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)

Load Program Details

Figure 3. Training Program Setup - Selecting Type of Training Program

For New Degree Programs Only:

Select Type of Training Program Offered: The Training Program Setup form will configure all subforms specific to the NAT program. To begin the PRGCA, you must complete the training program setup form to identify the degree program(s) of students who received BHW-funded financial awards during the annual reporting period.

To begin completing the setup form, select the type(s) of training program(s) supported through the grant during the annual reporting period by clicking on the drop-down menu next to “Select Type of Training Program Offered” and choosing one of the following options:

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)



Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.

Training Program Setup - Loading Program Details

★ Add Training Program	
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Degree/Diploma/Certificate Academic Training Program (Degree) ▼ Load Program Details
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	Select One ▼
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	Select One ▼
For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program	Select One ▼

Add Record

Figure 4. Training Program Setup - Loading Program Details

Next, click on the “Load Program Details” button to activate the remaining drop-down menus in this setup form.



Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in the previous step.

Training Program Setup - Adding Degree/Diploma Program



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

★ Add Training Program	
Select Type of Training Program Offered (Click the 'Load Program Details' button after selecting your training program)	Degree/Diploma/Certificate Academic Training Program (Degree/Diploma/Certificate) <input type="button" value="Load Program Details"/>
For a Degree/Diploma/Certificate Program, Select Type of Degree Offered	Select One ▼
For a Degree/Diploma/Certificate Program, Select Primary Focus Area	Select One ▼
For a Degree/Diploma/Certificate Program, Select Delivery Mode Used to Offer Program	Select One ▼

Figure 5. Training Program Setup - Adding Degree/Diploma Program

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: To complete your entry, select the degree program of students who received BHW-funded financial awards during annual reporting period by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered” and choosing **one** of the following options:

- DMPNA
- DrAP
- MNA
- MSHS
- Post-Masters Certificate
- DNAP
- DrAP/MBA
- MS
- MSN
- DNP
- MN
- MSA
- MSNA

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Next, select the degree program's primary focus area by clicking on the drop-down menu next to “For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area” and choosing **one** of the following options:

- Nursing - Nurse Anesthetist

Select Delivery Mode Used to Offer Program: Next, select the primary mode used to deliver each degree program during the annual reporting period by clicking on the drop-down menu under and choosing **one** of the options from the list below.

Click on the "**Add Record**" button to save your entry. **Repeat this process** to capture the degree programs of all students who received a BHW-funded financial award during annual reporting period.

- Campus-based program
- Distance learning program
- Hybrid program



Note: If the same degree program with the same focus area is delivered with 2 different modes, you have to enter the degree program again on the training set up form and select a different mode of delivery.

Example: The John Doe School of Nursing provided traineeships to 7 students between July 1 and December 31. Among the 7 students who received a traineeship, 5 were enrolled in a DNP program with a focus area in Nurse Anesthesia and 2 were enrolled in a MSN program with a focus area in Nurse Anesthesia. In the setup form, the John Doe School of Nursing would enter each degree program, focus area and mode of delivery separately—for a total of 2 entries. The completed Training Program Setup form for the John Doe School of Nursing would appear as shown below.

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma MS Nursing - NP - Adult gerontology Campus-based program	Select one ▼	✗ Delete ▼
2	Prior Record	Degree/Diploma MS Nursing - NP - Family Campus-based program	Select one ▲ Inactive Active ▼	✗ Delete ▼
3	Prior Record	Degree/Diploma DNP Nursing - NP - Family Campus-based program		✗ Delete ▼

Figure 6. Training Program Setup - Selecting Training Activity Status

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all degree programs supported with grant funds during the annual reporting period were captured accurately.

For new records, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

Select Training Activity Status in the Current Reporting Period: Select the Training Activity Status of all reported training programs by choosing **one** of the options from the list below. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive

No action is needed for prior records, if they remain Active. If a prior record training program no longer has active enrollees (no students are enrolled and all students have already graduated), you may select 'Inactive' as the status of the program. Selecting 'Inactive' indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development programs. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records) will be made inactive.



To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia



Warning: For degree programs previously reported, Column 4 will appear as read-only and is not editable. If the delivery mode for a degree program has changed, this requires a new entry in the Training Program Setup form.



Warning: If no new records were added in the Training Program Setup form, complete the PC-1 subform for prior records.

[View Prior Period Data](#)

PC-1

No.	Record Status	Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Select Delivery Mode Used to Offer Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2
1	Prior Record	Degree/Diploma BS Nursing - Pre-licensure	BS	Nursing - Pre-licensure	Hybrid program	Hospital
2	New Record	Degree/Diploma AS Nursing - NP - Neonatal	AS	Nursing - NP - Neonatal	Campus-based program	<input type="checkbox"/> Academic department - within the institution <input type="checkbox"/> Academic department - outside the institution

Figure 7. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training:

Select Type(s) of Partners/Consortia Used to Offer this Training: Complete Column 6 (Block 2) by selecting all of the type(s) of partnerships or consortia established for the purpose of offering each degree program during the current reporting period.

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HRSA Program

Health Resources and Services Administration
Bureau of Health Workforce

- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Government

- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

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- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization



Warning: You may not select "No partners/consortia used" in combination with any other option.



Note: If you select the option "Other" please use the comment field to indicate the type of partnership used (include the certificate program name in your comment).

PC-1 - Entering Enrollment Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Blocks 3, 3a and 3b on the PC-1 subform **apply to all records** and capture enrollment information about the students enrolled in degree programs where BHW-funded financial awards were provided during the annual reporting period.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 8. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total:

For Column 7, enter the total number of students who participated in each degree program during the current reporting period. Count all students who participated, regardless of whether the student received a BHW-funded financial award.

Enter Total # Enrolled (whether funded by BHW or not): URM:

For Column 8, enter the number of students who participated in each degree program during the current reporting period who were underrepresented minorities.

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM:

For Column 9, enter the number of students from disadvantaged backgrounds who participated in the degree program during the current reporting period but were not underrepresented minorities.



Note: For the total enrollee count (Column 7), DO include students who went on to graduate from the degree program in the current reporting period but do NOT include students who discontinued prior to graduation (i.e., attrition). Attrition counts will be captured separately in Column 12.



Note: Columns 8 and 9 are subsets of Column 7.



Reference: Refer to the glossary for a definition of underrepresented minority.



Reference: Refer to the glossary for a definition of disadvantaged background.

Example:

Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the annual reporting period. During this period, 2 students permanently left the degree program before completion.

In Block 3 of this form, the John Doe School of Nursing would enter 25.

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, 15 are underrepresented minorities.

In Block 3a, the John Doe School of Nursing would enter 15.

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, a total of 10 students are from disadvantaged backgrounds. Six (6) out of the 10 students from a disadvantaged background are also underrepresented minorities.

In Block 3b, the John Doe School of Nursing would enter 4.

PC-1 - Entering Graduate Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 9. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total:

In Column 10 (Block 8), enter the total number of students who graduated from their degree program during the current reporting period. Count all students who graduated, regardless of whether the student directly received a BHW-funded financial award.

Enter Total # Graduated/Completed (whether funded by BHW or not): URM:

In Column 11 (Block 8a), enter the number of students who graduated from their degree program during the current reporting period and were underrepresented minorities.



Note: Students who permanently left their degree program before graduation (i.e., attrition) will be counted separately in Column 12 (Block 9).

Example:

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, a total of 8 students completed all degree requirements and graduated during this period.

In Block 8, the John Doe School of Nursing would enter 8.

Example: The John Doe School of Nursing had a total of 25 students maintain enrollment in the NP program with a focus area in Family during the annual reporting period. Among the 25 students enrolled in this degree program, a total of 8 completed all degree requirements and graduated during this period. Four (4) out of the 8 students who graduated are underrepresented minorities.

In Block 8a, the John Doe School of Nursing would enter 4.

PC-1 - Entering Attrition Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 10. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total:

In Column 12 (Block 9), enter the total number of students who permanently left their degree programs before completion during the current reporting period. Count all students who permanently left their degree programs regardless of whether or not the student directly received a BHW-funded financial award.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM:

In Column 13 (Block 9a), enter the number of students who permanently left their degree programs before completion during the current reporting period and were underrepresented minorities.



Note: Column 13 (Block 9a) is a subset of Column 12 (Block 9). The total entered in Column 12 (Block 9) is exclusive of the total number of

Example:

Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the annual reporting period. During this period, 2 students permanently left the degree program before completion.

In Block 9 of this form, the John Doe School of Nursing would enter 2.

Example: The John Doe School of Nursing had a total of 27 students enrolled in the NP program with a focus area in Family. The school used BHW funds to provide traineeships to 3 out of the 27 students in the program during the annual reporting period. During this period, 2 students permanently left the degree program before completion and none who left were underrepresented minorities.

In Block 9a of this form, the John Doe School of Nursing would enter 0.

The completed PC-1 subform for the John Doe School of Nursing would look identical to the image below.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
25	15	4	8	4	2	0

Figure 11. Example of PC-1 Subform



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Individual-level Data—INDGEN Subforms

INDGEN - Introduction

Notice to Grantees about Individual-level Data:

1. You must complete an IND-GEN subform for each individual who received a BHW-funded financial award during the current reporting period.
2. The IND-GEN subform will automatically calculate and display read-only columns labeled “Academic Year Total” and “Cumulative BHW Financial Award Total.”
3. Records of individuals who were reported as having completed their training program in the previous reporting period will transfer from the IND-GEN subform to the INDGEN-PY subform in the current reporting period.

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry. To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.



Note: To view data submitted in previous reporting period, click on the "View Prior Period Data" link on top of the form.

IND-GEN: Individual Characteristics

IND-GEN - Setup

To begin providing individual-level data for trainees who received BHW-funded financial awards during the reporting period or to provide updates for individuals previously reported on IND-GEN, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

★ Do you have either a) students, trainees or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant OR b) updates to provide for students or trainees who received direct financial support in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Figure 12. IND-GEN - Setup



Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered 'Yes', you likely have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.

IND-GEN - Selecting Type of Training Program

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide for students who received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age Group	Select Individual's Ethnicity	Select Individual's Race	
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Enrollee (hybrid)		Male		Non-Hispanic/Non-Latino	Asian
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Enrollee (hybrid)		Female		Non-Hispanic/Non-Latino	White
23		<div> <div></div> <div>Select one</div> <div>Degree/Diploma DNAP Nursing - Nurse Anesthetist</div> <div>Degree/Diploma MSN Nursing - Nurse Anesthetist</div> <div>Other</div> </div>							
24									
25									
26									
27									
28									
29									

Figure 13. IND-GEN - Selecting Type of Training Program

Type of Training Program: To begin completing the IND-GEN subform, select each student's degree program by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing **one** of the available options.



Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form. The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" does not apply to the NAT program. Selecting this option will result in an error message.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

IND-GEN - Entering Trainee Unique ID

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide for students who received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1 Go

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age Group	Select Individual's Ethnicity	Select Individual's Race	
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Enrollee (hybrid)		Male		Non-Hispanic/Non-Latino	Asian
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Enrollee (hybrid)		Female		Non-Hispanic/Non-Latino	White
23		Degree/Diploma DNAP Nursir							
24									
25									
26									
27									
28									

Figure 14. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each student in the textbox under Block 1.



Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide annual updates and 1-year follow-up data for each student.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

IND-GEN - Selecting Individual's Training or Awardee Category

[View Prior Period Data](#)

* Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide for students who received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1 # of pages 1

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6
1			Select one				

Figure 15. IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category: Select each individual's training category by clicking on the drop-down menu in Column 3 (Block 2) and choosing one of the following options:

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

IND-GEN - Selecting Individual's Enrollment/Employment Status

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Enrollee (hybrid)		Male
Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Enrollee (hybrid)		Female
New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	Enrollee (campus-based only)	<div> <div></div> <div>Select one</div> <div>Full-time</div> <div>Part-time</div> <div>Both Full-time and Part-time</div> <div>On leave of absence</div> </div>	

Figure 16. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's current enrollment or employment status by clicking on the drop-down menu in Column 4 (Block 3) and choosing one of the following options:

- Both Full-time and Part-time
- Full-time
- On leave of absence
- Part-time
- Inactive



Warning: All NAT Students MUST be enrolled Full-time.

IND-GEN - Selecting Individual's Sex

Type of Training Program	Trainee Unique ID	Select Individual's Sex
(1)	(2) Block 1	(5) Block 4
Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Male
Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Female
Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	Not Reported
		Select one
		Male
		Female
		Not Reported

Figure 17. IND-GEN - Selecting Individual's Sex

Select Individual's Sex:

Select each individual's sex by clicking on the drop-down menu in Column 5 (Block 4) and choosing one of the following options:

- Female
- Male
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.

If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

IND-GEN - Selecting Individual's Age

Type of Training Program	Trainee Unique ID	Select Individual's Sex	Select Individual's Age
(1)	(2) Block 1	(5) Block 4	(6) Block 5
Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Male	
Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Female	
Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	Male	
			Select one 12 13 14 15

Figure 18. IND-GEN - Selecting Individual's Age

Select Individual's Age:

Select each individual's age at the end of the current reporting period in the dropdown menu under Column 6 (Block 5).

- 12
- 13
- 14
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Bureau of Health Workforce

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| • 69 | • 70 | • 71 |
| • 72 | • 73 | • 74 |
| • 75 | • Not Reported | |

IND-GEN - Selecting Individual's Ethnicity

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1

	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
		(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Non-Hispanic/Non-Latino	Asian	No	Yes	Individual is not a Veteran
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Non-Hispanic/Non-Latino	White	No	No	Individual is not a Veteran
23	New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	<div> <div>Select one</div> <div>Hispanic/Latino</div> <div>Non-Hispanic/Non-Latino</div> <div>Not Reported</div> </div>				
24								
25								
26								
27								

Figure 19. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity:

Select each individual's ethnicity by clicking on the drop-down menu in Column 7 (Block 6) and choosing one of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in

IND-GEN - Selecting Individual's Race

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1

	Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
		(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Non-Hispanic/Non-Latino	Asian	No	Yes	Individual is not a Veteran
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Non-Hispanic/Non-Latino	White	No	No	Individual is not a Veteran
23	New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	Non-Hispanic/Non-Latino	<input type="button" value="American Indian or Alaska Native"/> <input type="button" value="Asian"/> <input type="button" value="Black or African-American"/> <input type="button" value="Native Hawaiian or Other Pacific Islander"/> <input type="button" value="White"/> <input type="button" value="Not Reported"/>			
24								
25								
26								
27								
28								
29								

Figure 20. IND-GEN - Selecting Individual's Race

Select Individual's Race:

Select each individual's race by clicking on the drop-down menu in Column 8 (Block 7) and choosing all that apply from the following options. You may select more than one option for individuals of multiple races:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Not Reported



Warning: You may not select "Not Reported" in combination with any other option.



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

IND-GEN - Selecting if Individual is from a Rural Residential Background

Type of Training Program	Trainee Unique ID	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Asian	No	Yes	Individual is not a Veteran
Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	White	No	No	Individual is not a Veteran
Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	Asian	Not Reported		
			Select one		
			Yes		
			No		
			Not Reported		

Figure 21. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background:

Select whether each individual is from a rural residential background by clicking on the drop-down menu in Column 9 (Block 8) and choosing one of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted.



Reference: Refer to the glossary for a definition of rural setting.

IND-GEN - Selecting if Individual is from a Disadvantaged Background

Type of Training Program	Trainee Unique ID	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(9) Block 8	(10) Block 9	(11) Block 10
Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	No	Yes	Individual is not a Veteran
Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	No	No	Individual is not a Veteran
Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	No	<div> <div></div> <div>Select one</div> <div>Yes</div> <div>No</div> <div>Not Reported</div> </div>	

Figure 22. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background:

Select whether each individual is from a disadvantaged background by clicking on the drop-down menu in Column 10 (Block 9) and choosing one of the following options:

- Yes
- No
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.



Reference: Refer to the glossary for a definition of disadvantaged background.

IND-GEN - Selecting Individual's Veteran Status

Type of Training Program	Trainee Unique ID	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(10) Block 9	(11) Block 10
Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Yes	Individual is not a Veteran
Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	No	Individual is not a Veteran
Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	No	<div> <div></div> <div>Select one</div> <div>Active Duty Military</div> <div>Reservist</div> <div>Veteran - Prior Service</div> <div>Veteran - Retired</div> <div>Individual is not a Veteran</div> <div>Not Reported</div> </div>

Figure 23. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status:

Select each individual's current veteran status by clicking on the drop-down menu in Column 11 (Block 10) and choosing one of the following options:

- Active Duty Military
- Reservist
- Veteran - Retired
- Individual is not a Veteran
- Veteran - Prior Service
- Not Reported



Warning: The 'Not Reported' option may not be selected for prior records.



Note: This column will prepopulate for prior records with data submitted in the previous reporting period. Prior data cannot be altered or deleted. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in



Reference: Refer to the glossary for a definition of the various types of veteran statuses.

IND-GEN - Entering BHW-Funded Financial Award Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.



Warning: All NEW records should be for individuals who did receive direct financial support ("Yes" for Column 12). The NO response should only be selected for prior records of trainees who did not receive support in the current reporting period.

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Traineeship
(1)	(2) Block 1	(12) Block 11	(14) Block 11

Figure 24. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?:

Select whether each individual received a BHW-funded financial award (i.e., salary and benefits) during the current reporting period by clicking on the drop-down menu in Column 12 (Block 11) and choosing one of the following options:

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Traineeship:

If the individual did receive a BHW-funded financial award, select "Yes" in Column 12 (Block 11) and enter the total amount of BHW dollars provided during the current reporting period in the textbox in Column 14.

If the individual did not receive a BHW-funded financial award, select “No” in Column 14 (Block 11) and enter "0" in the textbox in Column 12a.

IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding



Warning: All new records should select at least one academic year of funding.

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year
(1)	(2) Block 1	(22) Block 12	(26) Block 15
		<input type="text" value="Select one"/>	
		0	
		1	
		2	
		3	

Figure 25. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding:

Select the cumulative number of academic years in which each individual has received a BHW-funded financial award by clicking on the drop-down menu in Column 22 (Block 12) and choosing one of the following options:

- 0
- 1
- 2
- 3
- 4
- 5 or more



Note: The number of academic years receiving BHW-funded financial awards does not need to be consecutive; rather, the cumulative total number of years should be reported.



Note: If an individual has received money for a partial academic year, please round up to the nearest whole number. For example, if an individual has received direct financial support for 1 ½ years, please enter 2 in Column 22 (Block 12).



Note: If an individual received a BHW-funded financial award for the first time during the current reporting period, select "1" under Column 22 (Block 12).

IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year	Training in a Primary Care Setting	
	Select Whether Individual Received Training	Enter # of Contact Hours
(26) Block 15	(28) Block 17	(29) Block 17a
	No	
	No	
<div> <div></div> <div>Select one</div> <div>Graduate Year 1</div> <div>Graduate Year 2</div> <div>Graduate Year 3</div> <div>Graduate Year 4</div> <div>Graduate Year 5</div> <div>Graduate Year 6</div> <div>Graduate Year 7</div> </div>		

Figure 26. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year:

Select each individual's current training year in the training program by clicking on the drop-down menu under Column 26 (Block 15) and choosing one of the following options:

- Graduate Year 1
- Graduate Year 2
- Graduate Year 3
- Graduate Year 4
- Graduate Year 5
- Graduate Year 6
- Graduate Year 7

IND-GEN - Entering Training Information in a Primary Care Setting



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period? **Yes** received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1 Go

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Academic or Training Year	Training in a Primary Care Setting			
				Select Whether Individual Received Training	Enter # of Contact Hours	Enter # of Patient Encounters	
	(1)	(2) Block 1	(26) Block 15	(28) Block 17	(29) Block 17a	(30) Block 17b	
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204		No		
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785		No		
23	New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	Graduate Year 1	<div> <div>Select one</div> <div>Yes</div> <div>No</div> </div>		
24							
25							
26							
27							

Figure 27. IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting: Select Whether Individual Received Training:

Select whether each individual received clinical or experiential training in a primary care setting during the current reporting period by clicking on the drop-down menu in Column 28 (Block 17) and choosing one of the following options:

- Yes
- No

Training in a Primary Care Setting: Enter # of Contact Hours:

If the individual received clinical or experiential training in a primary care setting, enter the total number of hours spent in this type of setting during the current reporting period in the textbox under Column 29 (Block 17a).

If the individual did NOT receive clinical or experiential training in a primary care setting, leave the textbox blank under Column 29 (Block 17a).

Training in a Primary Care Setting: Enter # of Patient Encounters: If the student received experiential training in a primary care setting, enter the total number of patient encounters in this type of setting during the annual reporting period in the textbox under Block 17b.
If the student did not receive experiential training in a primary care setting, leave the textbox under Block 17b blank.

IND-GEN - Entering Training Information in a Medically Underserved Area



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period? **Yes** received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1

	Record Status	Type of Training Program	Trainee Unique ID	Training in a Medically Underserved Area		Training in a Rural Area	
				Select Whether Individual Received Training	Enter # of Contact Hours	Select Whether Individual Received Training	Enter # of Contact Hours
				(31) Block 18	(32) Block 18a	(33) Block 19	(34) Block 19a
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	Yes	415	No	
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	Yes	211	No	
23	New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	<div> <div>Select one</div> <div>Yes</div> <div>No</div> </div>			
24							
25							
26							

Figure 28. IND-GEN - Entering Training Information in a Medically Underserved Area

Training in a Medically Underserved Area: Select Whether Individual Received Training:

Select whether each individual received clinical or experiential training in a medically underserved community (MUC) during the current reporting period by clicking on the drop-down menu in Column 31 (Block 18) and choosing one of the following options:

- Yes
- No

Training in a Medically Underserved Area: Enter # of Contact Hours:

If the individual did receive clinical or experiential training in a medically underserved community, enter the total number of hours spent in this type of setting during the current reporting period in the textbox under Column 32 (Block 18a).

If the individual did NOT receive clinical or experiential training in a medically underserved community, leave the textbox blank under Column 32 (Block 18a)

IND-GEN - Entering Training Information in a Rural Area



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period? **Yes**
received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1 Go

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Training in a Rural Area		Select Whether Individual Left the Program Before Completion (36) Block 21	Select Whether Individual Graduated/Completed the Program (37) Block 22
				Select Whether Individual Received Training (33) Block 19	Enter # of Contact Hours (34) Block 19a		
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204	No		No	No
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785	No		No	No
23	New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799	<div> <div></div> <div>Select one</div> <div>Yes</div> <div>No</div> </div>			
24							
25							

Figure 29. IND-GEN - Entering Training Information in a Rural Area

Training in a Rural Area: Select Whether Individual Received Training:

Select whether each individual received clinical or experiential training in a rural area during the current reporting period by clicking on the drop-down menu in Column 33 (Block 19) and choosing one of the following options:

- Yes
- No

Training in a Rural Area: Enter # of Contact Hours:

If the individual did receive clinical or experiential training in a rural area, enter the total number of hours spent in this type of setting during the current reporting period in the textbox under Column 34.

If the individual did NOT receive clinical or experiential training in a rural area, leave the textbox blank under Column 34.

IND-GEN - Selecting Whether Individual Left the Program Before Completion

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1

	Record Status	Type of Training Program (1)	Trainee Unique ID (2) Block 1	Rural Area	Select Whether Individual Left the Program Before Completion (36) Block 21	Select Whether Individual Graduated/Completed the Program (37) Block 22	Select Degree Earned (38) Block 22a	Select Individual's Post-Graduation/Completion Intentions (39) Block 22b
				Enter # of Contact Hours (34) Block 19a				
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204		No	No	N/A	N/A
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785		No	No	N/A	N/A
23	New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799		<div> <div></div> <div>Select one</div> <div>Yes</div> <div>No</div> </div>			
24								
25								
26								

Figure 30. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion:

Select whether each individual permanently left their training program before completion during the current reporting period by clicking on the drop-down menu in Column 36 (Block 21) and choosing one of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

[View Prior Period Data](#)

★ Do you either have a) students or faculty who received direct financial support (e.g., scholarships, stipends, loans, loan repayment) from a HRSA-funded grant and/or students who participated in community-based primary care training during this reporting period; OR b) updates to provide received direct financial support and/or participated in community-based primary care training in a previous reporting period? **Yes**

(complete IND-GEN) (click Save and Validate button to proceed to the next form)

Page: 1 Go

	Record Status	Type of Training Program	Trainee Unique ID	Rural Area	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
		(1)	(2) Block 1	Enter # of Contact Hours	(34) Block 19a	(36) Block 21	(37) Block 22	(38) Block 22a
21	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0202204		No	No	N/A	N/A
22	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	0201785		No	No	N/A	N/A
23	New Record	Degree/Diploma DNAP Nursing - Nurse Anesthetist	0201799		No	<div> <div>Select one</div> <div>Yes</div> <div>No</div> </div>		
24								
25								
26								

Figure 31. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program:

Select whether each individual completed their training program during the current reporting period by clicking on the drop-down menu in Column 37 (Block 22) and choosing one of the following options:

- Yes
- No

Select Degree Earned:

If a student graduated from their degree program during the annual reporting period, select the type of degree earned through the program by clicking on the drop-down menu under Column 38 and choosing one of the options from the list below. If a student did not graduate, select "N/A" under Column 38.

- DMPNA
- DrAP
- MNA
- MSHS
- Post-Masters Certificate
- DNAP
- DrAP/MBA
- MS
- MSN
- N/A
- DNP
- MN
- MSA
- MSNA

Select Individual's Post-Graduation/Completion Intentions:

If a student graduated from their degree program during the annual reporting period, select the individual's training or employment intentions by clicking on the drop-down menu in Column 39 (Block 22b) and choosing all that apply from the options listed below.

If an individual did not complete their training program during the current reporting period, select "N/A" in Column 39 (Block 22b).

- Individual intends to become employed or pursue further training in a medically underserved community
- Individual intends to become employed or pursue further training in a primary care setting
- Individual intends to become employed or pursue further training in a rural setting
- None of the above
- N/A




Warning: For Column 39 (Block 22b), None of the above, not reported, and N/A cannot be selected in combination with any other option.



To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

INDGEN-PY: Individual Prior Year

INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

 Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status	Select Whether Your Organization Hired this Individual
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(12) Block 22b	(13) Block 23	(14) Block 23a	(16)

Figure 32. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Grayed fields are provided here for identification purposes only.

Select whether status/employment data are available for the individual 1-year post graduation/completion:

To select whether current training/employment data are available for each prior program completer click on the drop-down menu in Column 13 (Block 23) and choose one of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status:

If current training/employment data are available, select the individual's status by clicking on the drop-down menu in Column 14 (Block 23a) and choosing all that apply from the options listed below. If current training/employment data are not available, select 'N/A' in Column 14 (Block 23a).

- Individual is currently employed or is pursuing further training in a medically underserved community

- Individual is currently employed or is pursuing further training in a primary care setting
- Individual is currently employed or is pursuing further training in a rural setting
- None of the above
- N/A

Select Whether Your Organization Hired this Individual:

Select whether your organization hired this individual following training program completion by clicking on the drop-down menu under Column 16 and choosing one of the following options:

- No
- Yes
- N/A



Warning: For Column 14, “None of the above” and “N/A” cannot be selected in combination with any other option.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Experiential Characteristics—EXP Subforms

EXP - Introduction

1. Purpose: The EXP subforms are used to characterize experiential or clinical training characteristics, including training sites and the number and profession/discipline of trainees.

The EXP-1 Setup form captures information about the names of sites used by grantees to provide trainees with clinical or experiential training, and collects general information about each training site used during the reporting period.

The EXP-2 subform collects information on partnerships established, and vulnerable populations served, at each training site during the reporting period.

The EXP-3 subform collects information about the profession/discipline of individuals, and interprofessional training experiences, at each site that was entered in the EXP-1 Setup form.

2. Order of Subforms:

EXP subforms **MUST** be completed in order, otherwise drop-down menus will not prepopulate correctly.

You must complete and 'Save and Validate' EXP-1 first before proceeding to EXP-2.

Likewise, you must complete and then 'Save and Validate' EXP-2 before proceeding to EXP-3.

3. Pre-population of Prior Records (training sites) reported previously:

The BPMH system will pre-populate the names each site previously reported in the Saved Records Table within the EXP-1 subform.



Warning: Complete the EXP-1, EXP-2, and EXP-3 subforms only for sites used to train individuals who appear on the INDGEN subform.

EXP-1: Training Site Setup

EXP-1 - Entering Site Name



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2	
1	10	Test Site1 1	Yes	Select one	

Figure 33. EXP-1 - Entering Site Name

Site Name:

1. Enter the name of the site used to train individuals during the current reporting period in the textbox next to the row labeled "Enter the Site's Name."
2. Click the "Add Record" button.
3. Repeat this process as necessary to enter the names of all NEW sites used during the current reporting period.

EXP-1 - Selecting Whether the Site was Used in the Current Period

EXP-1

EXP-2

EXP-3

Fields with * are required

Add Site

Enter the Site's Name

Add Record

No.	Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10	Test Site1 1	Yes	Select one	

Figure 34. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period:

Select whether each site was used during the reporting period by clicking on the drop-down menu in Column 2 and choosing one of the following options:

- Yes
- No



Note: If "No" is selected in Column 2, then the training site will not populate in the drop-down menus on the EXP-2 and EXP-3 subforms.

EXP-1 - Selecting Type of Site Used

Fields with * are required

*** Add Site**

Enter the Site's Name

Add Record

No. Record Status	Site Name (1) Block (2)	Select Whether the Site was Used in the Current Reporting Period	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10	Test Site1	Yes	1

Figure 35. EXP-1 - Selecting Type of Site Used

Select Type of Site Used:

Select the type of site used to train individuals during the current reporting period by clicking on the drop- down menu in Column 3 (Block 1a) and choosing one of the following options:

- Academic institution
- Aerospace operations setting
- Community care programs for elderly mentally challenged individuals
- Critical Access Hospital
- Emergency Room
- Federal Government - Department of Defense / Military
- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Extended care facilities
- Federal Government - Other
- Hospice
- Acute care services
- Community - based organization
- Community Mental Health Center
- Dentist Office
- Federal and State Bureau of Prisons
- Federal Government Office or Agency
- Hospital

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- FQHC or look - alike
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department
- Tribal Organization
- Indian Health Service (IHS) site
- Local health department
- National health association
- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Healthcare (e.g., VA Hospital or clinic)

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- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency
- Tribal Health Department

EXP-1 - Selecting Type of Setting Where the Site was Located

EXP-1

EXP-2

EXP-3

Fields with * are required

Add Site

Enter the Site's Name

Add Record

No.	Record Status	Site Name (1) Block 1	Select Whether the Site was Used in the Current Reporting Period (2)	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2
1	10	Test Site1 1	Yes	Select one	

Figure 36. EXP-1 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located:

Select whether each site used to train individuals during the current reporting period was located in a designated setting by clicking on the drop-down menu in Column 4 (Block 2) and choosing all that apply from the following options:

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above



Warning: “None of the above” cannot be selected in combination with any other option.



Reference: To determine whether a site is located in a medically underserved community, please visit HRSA’s Office of Shortage Designation at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>



Reference: To determine whether a site is located in a rural area, please visit HRSA’s Office of Rural Health Policy at <http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx>

EXP-1 - Entering Site's geographical Data

City (8)	State (9)	Zip Code (10)	Four Digit Zip Code Extension (11)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 37. EXP-1 - Entering Site's geographical Data

City: Enter the name of the city where each training site is located by clicking on the textbox under Column 8. If outside the U.S. enter "N/A."

State:

Enter the two-letter abbreviation for the state where each training site is located by clicking on the textbox below Column 9. If outside the U.S. enter "N/A."

Zip Code:

Enter the zip code (5 digits) where each training site is located by clicking on the textbox under Column 10. If outside the U.S. enter "N/A."

Four Digit Zip Code Extension:

Enter the four-digit zip code extension where each training site is located by clicking on the textbox under Column 11. If outside the U.S. enter "N/A."



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name



Warning: EXP-1 must be completed and validated prior to beginning EXP-2. You may delete pre-populated prior records in this form if they are no longer applicable.

	Record Status	Type of Training Program (1)	Site Name (2) Block 1	Select Type of Site Used (3) Block 1a	Select Type of Setting Where the Site was Located (4) Block 2	Select Type(s) of Partners/Consortia used to Offer Training at this Site (5) Block 5
5	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	Atlanta Children's		None of the above	
6		<div><div></div><div>Select one</div></div>				
7		Degree/Diploma MSN Nursing - Nurse Anesthetist				
8						
9						

Figure 38. EXP-2 - Selecting Training Program and Site Name

Type of Training Program:

Select the training program associated with each clinical site by clicking on the drop-down menu under "Type of Training Program" and choosing one of the available options. The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.

Site Name: Next, select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.



Warning: Sites used for each training program must be reported separately. If the same site was used for multiple training programs,

then multiple entries are required in the EXP-2 subform.



*Note: Repeat this process until all used Training Program/Site combinations are present.
If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.
If the same program used multiple training sites, then multiple entries are required in the EXP-2 subform.*



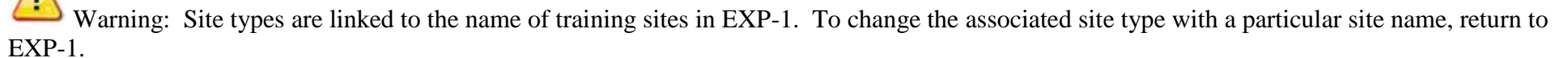
Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.

Example:

Example: The John Doe School of Nursing saved two 2 entries in the Training Program Setup form. Under "Type of Training Program", the reporting official at the John Doe School of Nursing would see the following options:

*Degree/Diploma program / MSN / Nursing—NP—Adult gerontology
Degree/Diploma program / MSN / Nursing—NP—Geropsychiatric*

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located
(1)	(2) Block 1	(3) Block 1a	(4) Block 2
Major Participating Site/Rotation Site Medical Specialties (Primary Care) - Pediatrics (General Pediatrics)	University Pediatric Hospital	Academic institution	None of the above



EXP-2 - Selecting Type of Setting Where the Site was Located

Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site
(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5
University Pediatric Hospital	Academic institution	None of the above	Academic department - outside the institution, Academic department - within the institution, Ambulatory practice sites, Health department - Local, Hospital, Professional Associations, Quality improvement organization

Figure 40. EXP-2 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Following the selection of a training site in EXP-1, the associated settings will be automatically populated when the save and validate button is selected.



Warning: Site settings are linked to the name of training sites in EXP-1. To change the associated site settings with a particular site name, return to EXP-1.



Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

EXP-2 - Selecting Type(s) of Partners/Consortia

	Record Status	Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
		(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
5	Prior Record	Degree/Diploma MSN Nursing - Nurse Anesthetist	Atlanta Children's		None of the above		Adolescents, Children, Chronically ill, Homeless individuals, Individuals with HIV/AIDS, People with disabilities, Unemployed, Victims of abuse or trauma
6		Degree/Diploma MSN Nursing - Nurse Anesthetist	Alabama Colorectal Institute	Acute care services			
7							
8							
9							
10							

Figure 41. EXP-2 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site:

Select the type(s) of partnerships or consortia used or established for the purpose of training individuals at each site during the current reporting period by clicking on the drop-down menu in Column 5 (Block 5) and choosing all that apply from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - ACL
- Federal Government - FDA
- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Department of Defense/Military
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and
- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)

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- Federal Government - Other
- Federally - qualified health center or look - alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

- comprehensive units
- Health department - Local
- Health disparities research center
- Hospice
- Long-term care facility
- Nonprofit organization (non - faith based)
- Other
- Professional Associations
- State Governmental Programs

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- Hospital
- No partners/consortia used
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government



Warning: You may not select "No partners/consortia used" in combination with any other option.

EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site	City	State	Zip Code	Four Digit Zip Code Extension
(7) Block 4	(8)	(9)	(10)	(11)
<div>▼</div> <div> <input type="checkbox"/> College students <input type="checkbox"/> Health Insurance Marketplace </div>				

Figure 42. EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site:

Select the type(s) of vulnerable populations served at each site used to train individuals during the reporting period by clicking on the drop-down menu in Column 7 (Block 4) and choosing all that apply from the following options:

- Adolescents
- College Residents
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Unemployed
- Victims of abuse or trauma
- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Tribal Population
- Uninsured/Underinsured persons/families
- Chronically ill
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Undocumented Immigrants
- Veterans



Warning: You may not select "None of the above" in combination with any other option.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

EXP-3 - Selecting Training Program and Site Name



Warning: EXP-2 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.



Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
	(1)	(2) Block 1	(3) Block 3	(4) Block 3
1	<input type="text" value="Select one"/>			
2	<input type="text" value="Degree/Diploma MSN Nursing - Nurse Anesthetist"/>			
3				
4				
5				
6				

Figure 43. EXP-3 - Selecting Training Program and Site Name

Type of Training Program:

To begin completing the EXP-3 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing one of the available options.

Site Name:

Next, select a clinical site name by clicking on the drop-down menu under Column 2 and choosing one of the available options.



Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.



Note: The options available under Column 2 will prepopulate with information entered and saved in the EXP-1 subform.

EXP-3 - Selecting Profession and Discipline of Individuals Trained

	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
	(1)	(2) Block 1	(3) Block 3	(4) Block 3
1	Degree/Diploma MSN Nursing - Nurse Anesthetist	Alabama Colorectal Institute	<div style="border: 1px solid red; padding: 2px;"> Select one Student - Nurse Anesthetist </div>	
2				
3				
4				
5				

Figure 44. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained:

1. Select the profession(s)/discipline(s) of individuals trained for each training program/site combination used during the current reporting period by clicking on the drop-down menu in Column 3 (Block 3) and choosing one of the options below.
2. Repeat as necessary to identify each profession/discipline of all individuals trained at each site (including interdisciplinary and interprofessional trainees who participated in team-based care).
3. Each reported profession/discipline must be reported on a separate line even if they trained at the same site under the same program.

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Dental Hygiene
- Dentistry - Oral Surgery Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology, Social Work, or Substance Abuse/Addictions Counseling
- Behavioral Health - Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Assistant
- Dentistry - General Dentistry
- Dentistry - Other

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- Dentistry - Pathology Dentistry
- Dentistry - Prosthodontic Dentistry
- Home Health Aide
- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - Alternative/Complementary Nursing
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - CNS - Women's health and pediatrics
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health

- Dentistry - Public Health Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Aerospace Medicine
- Medicine - Preventive Medicine/Occupational Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Community health nursing
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other (e.g., CNA, PCA)
- Nursing - Researcher/Scientist
- Other - Chiropractor

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- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - General Preventive Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Preventive Medicine/Pediatrics
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse

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- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non-nurse)
- Other - Office/Support Staff
- Other - Pharmacy
- Other - Profession Not Listed
- Other - Registered Dietician
- Other - Speech Pathology
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Administration
- Public Health - Injury Control & Prevention
- Student - Nursing - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Alternative/Complementary Nursing
- Student - CNL - Generalist
- Student - CNS - Geropsychiatric
- Student - CNS - Psychiatric/Mental health
- Student - Community Health Nursing
- Student - Dental School
- Student - EMT
- Student - Graduate - Clinical Laboratory Services
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology
- Other - Medical Laboratory Technology
- Other - Nutritionist
- Other - Optometry
- Other - Physical Therapy
- Other - Radiologic technology
- Other - Research
- Other - Speech Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Health Policy & Management
- Public Health - Nutrition
- Student - Nursing - Nurse midwife
- Student - Certified Nursing Assistant
- Student - CNS - Adult gerontology
- Student - CNS - Neonatal
- Student - CNS - Women's health
- Student - Dental Assistant
- Student - Dietician
- Student - Graduate - Allied Health
- Student - Graduate - Nursing
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Health Informatics
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - Midwife (non - nurse)
- Student - NP - Adult
- Student - NP - Child/Adolescent Psychiatric/Mental Health
- Student - NP - Family Psychiatric/Mental

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- Other - Allied Health
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Occupational Therapy
- Other - Other
- Other - Podiatry
- Other - Recreational Therapy
- Other - Respiratory Therapy
- Other - Unknown
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences
- Student - Nursing - Registered nurse (RN)
- Student - Chiropractic School
- Student - CNS - Family
- Student - CNS - Pediatrics
- Student - CNS - Women's health and pediatrics
- Student - Dental Hygiene
- Student - Diploma/Certificate
- Student - Graduate - Behavioral Health
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Radiological Assistant

Health Resources and Services Administration
Bureau of Health Workforce

- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Graduate - Social Work
- Student - Law School
- Student - Medical School
- Student - NP - Acute care pediatric
- Student - NP - Adult Psychiatric/Mental health
- Student - NP - Family
- Student - NP - Neonatal
- Student - NP - Women's health
- Student - Nurse Educator
- Student - Nursing Assistant
- Student - Occupational Therapy
- Student - Pharmacy School
- Student - Podiatry School
- Student - Registered nurse (RN)
- Student - Speech Therapy
- Student - Undergraduate - Other
- Student - Undergraduate - Radiological Technician

Health

- Student - NP - Other advanced nurse specialists
- Student - Nurse Administrator
- Student - Nurse Midwife
- Student - Nursing Informatics
- Student - Optometry
- Student - Physical Therapy
- Student - Post - high school / Pre - college
- Student - Registered Nurse - BSN
- Student - Undergraduate - Allied Health
- Student - Undergraduate - Public Health

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- Student - Home Health Aide
- Student - Medical Assistant
- Student - NP - Acute care adult gerontology
- Student - NP - Adult gerontology
- Student - NP - Emergency care
- Student - NP - Geropsychiatric
- Student - NP - Pediatrics
- Student - Nurse Anesthetist
- Student - Nurse Researchers/Scientists
- Student - Nursing Pre-licensure
- Student - Pharmacy
- Student - Physician Assistant
- Student - Public Health Nurse
- Student - Rehabilitation Therapy
- Student - Undergraduate - Clinical Laboratory Services
- Student - Undergraduate - Radiological Assistant

EXP-3 - Entering # Trained in the Profession and Discipline

	Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
	(1)	(2) Block 1	(3) Block 3	(4) Block 3
1	Degree/Diploma MSN Nursing - Nurse Anesthetist	Alabama Colorectal Institute	Student - Nurse Anesthetist ▼	
2				
3				
4				

Figure 45. EXP-3 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline:

For each row, enter the number of "Principal" trainees in the profession/discipline listed.



Note: Counts provided in the textbox under Column 3 should be based on individuals reported on INDGEN.



To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline	Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care
(1)	(2) Block 1	(3) Block 3	(4) Block 3	(5) Block 8

Figure 46. EXP-3 - Entering # of Other Interprofessional trainees who participated in team-based care

Enter # of Other Trainees in this Profession and Discipline Who Participated in Interprofessional Team-based care: In Column 5 (Block 8), enter the number of all **OTHER** Interprofessional trainees who participated in team-based care alongside the Principal trainee. Counts provided should be based on individuals NOT reported on PC-7 from non-HRSA-funded programs.



Note: Counts provided should be based on individuals NOT reported on INDGEN.



Note: Do not count faculty, practicing professionals, or support staff.



To Complete the Form: Click on the “Save and Validate” button located on the bottom right corner of your screen. If no errors are found, click on the "Submit" button in the left hand side of the EHB to begin the submission process of your PRGCA.

Printing Your Performance Report

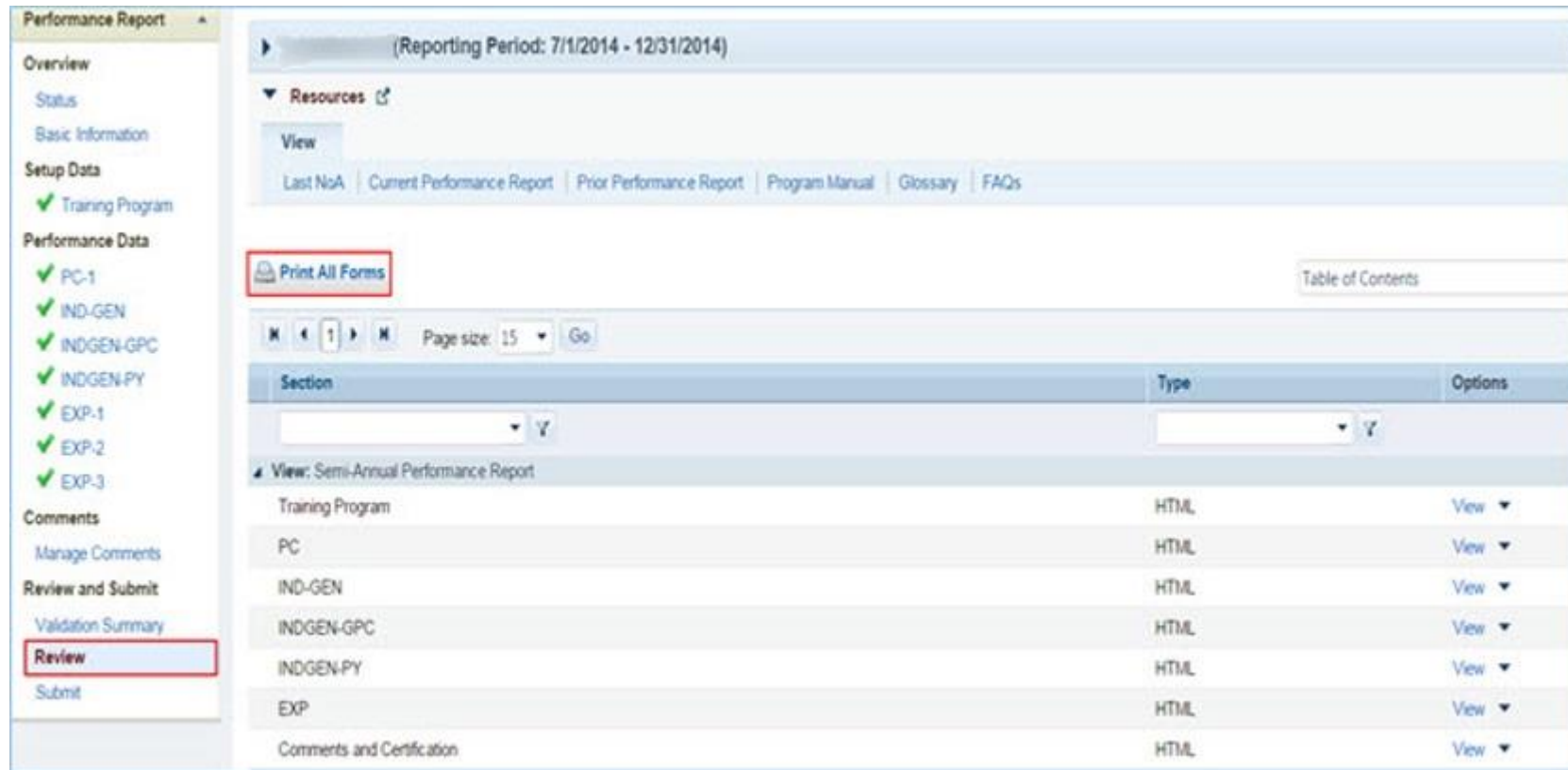


Figure 47. Screenshot of Printing Your Performance Report

1. To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.
2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.

The screenshot shows the 'Submit Report' page for the reporting period 7/1/2014 - 12/31/2014. The left sidebar contains a menu with 'Submit' highlighted under the 'Review and Submit' section. The main content area shows a table of submission status for various sections. A red arrow points to the 'Complete' status for the PC-1 section. The 'Submit' button is highlighted in the bottom right corner.

Section	Status	Option
Setup Data		
Training Program	✓ Complete	Update
Performance Data		
PC-1	✓ Complete	Update
IND-GEN	✓ Complete	Update
INDGEN-GPC	✓ Complete	Update
INDGEN-PY	✓ Complete	Update
EXP-1	✓ Complete	Update
EXP-2	✓ Complete	Update
EXP-3	✓ Complete	Update

Figure 48. Screenshot of the Submit Report Page

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the 'Certification' section and click the 'Confirm' button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Submit Report - Confirm

You have chosen to submit this report to HRSA. Please check the box to electronically sign the Report. Click the 'Confirm' button below to submit the report. If you do ([+ View More](#))



Confirmation:

This is a confirmation page! You MUST Click on the appropriate button to complete your action.

Fields with * are required

* Certification

[View Report](#)

I Sherer, Sara certify that I am authorized to submit this report to HRSA for grant D40HP28075.

☐

Please check the box to electronically sign the Report.

Cancel

Confirm

Figure 49. Screenshot of the Submit Report - Confirm Page

Submit Report - Result

Your report is successfully submitted to HRSA. The details for this report is listed below. Please note them down for future reference. For any other questions please ([+ View More](#))

Report Details

Report Type	2015 Final Report
Grant Number	UBMHP20202
Submission Tracking Number	BPMFRUB600029227

[Return to List](#)

Figure 50. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

Attrition is the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

BHW-funded financial awards are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award:** A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship:** A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **Scholarship:** A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
4. **Stipend:** A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **Traineeship:** A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
6. **Loan:** A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
7. **Loan Repayment:** A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

Campus-based degree program is a degree program that requires students to complete all academic coursework at the college or university campus.

Contact hours are the number of hours that an individual receives training in a specific setting.

Continuing education is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

Curriculum is the aggregate content of multiple learning activities offered by an organization a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

Didactic training is the process of instruction between a designated faculty and an individual or group of individuals.

Direct financial support program is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

Disadvantaged background is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
- Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Enhanced course or other training activity is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

Enrollee is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

Ethnicity is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Experiential training is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

Faculty is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

Faculty development program is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

Faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an “Unstructured faculty development activity”.

Faculty instruction are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

Federally Qualified Health Centers (FQHC) are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

Fellowship is a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

Full-time refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Graduate is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

Hybrid degree program is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

Instructional hours are the duration of a training activity or training program in clock hours.

Infrastructure program is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

Internship is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

Interprofessional education is the process of learning among a group of individuals from two (2) or more professions.

Interprofessional practice is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

Multipurpose/Hybrid program is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

Newly developed course or other training activity is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

Online degree program is a degree program that requires students to complete all academic coursework through distance learning.

Partner/consortium is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

Patient encounter is a direct interaction between a designated caregiver and a patient for the purposes of health care.

Practicum is a type of experiential training activity. (See "Experiential training").

Primary care is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary care setting is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

Profession & discipline is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

Program completer is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

Publication is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

Race is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Residency is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.

Residential background is/are the type/s of location/s an individual has established residence in.

Rural is a geographical area that is not part of a Metropolitan Statistical Area (MSA). *Note: To determine if a specific geographical area is considered rural, go to [HRSA's Office of Rural Health Policy](#).*

Structured training program is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

Trainee is an individual who participates in a training program or training activity.

Underrepresented Minority (URM) is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. **Note: For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:**

- Black or African American
- Hispanic (all races)
- Native Hawaiian or Other Pacific Islander

- American Indian or Alaska Native

Unstructured faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

Unstructured training activity is generally a stand-alone single training activity that is not part of a curriculum.

Veteran is any person who served in one (1) of the seven (7) uniformed services of the United States. The seven uniform services include: the United States Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

Vulnerable populations are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.

Appendix B: FAQs

General FAQs:

Q1: When is the due date for the performance report?

A1: Performance reports are due by **August 01, 2016** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

Q2: What dates does the performance report cover?

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **July 01, 2015 - June 30, 2016**.

Q3: Is it possible to change data entered incorrectly in a prior reporting period?

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

FAQs about the Program Characteristics (PC) forms:

Q4: Do I need to set up my training program again if it is being reused in the current reporting period?

A4: No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

Q5: What are the status options for the different types of programs?

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

Q7: Are we required to provide this information only on the trainees in the programs we received funding for?

A7: The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms:

Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

Q9: In the LR- and DV- tables, are the counts for graduates and/or program completers a subset of the total trainee number or are they to be reported separately?

A9: On the LR- and DV- forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?

A10: It depends on the information available. The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form:

Q11: Where do we get the Trainee Unique ID?

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide 1-year follow-up updates through the BPMH system.

Q12: What are the characters of the 7 digit unique ID?

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

Q13: Are INDGEN records from the last reporting period stored in the EHB?

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-PY for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

Q14: Last year we created individual participant codes (Unique IDs) to be included in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant, or create a new code for that participant? Are those codes needed this year?

A14: The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same unique ID-training program combination cannot be present in more than one location (INDGEN/INDGEN-PY).

Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

Q16: Is there an option to report Ethnicity as unknown?

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?

A17: The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to

collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Q18: Can we use our institutions definitions/standards for disadvantaged background?

A18: The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

Q20: Do conference registration fees count as financial support?

A20: Yes, but only for non-project staff.

Q21: How do we find out an individual's family income?

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

A22: Only the trainee's status should be reported.

Q23: How is the academic year funding total calculated?

A23: The academic year total is automatically calculated in EHB as the sum of funding during the academic year. When you enter, save, and validate the funding amount for the current reporting period, the academic year total will automatically populate.

Q24: How is the cumulative funding total calculated?

A24: The cumulative funding total is automatically re-calculated each annual reporting period in EHB. This is the total of each annual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use starting with Academic Year 2012-2013.

FAQs about the INDGEN-PY form:

Q25: How do I use the INDGEN-PY form?

A25: One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status.

FAQs about the Experiential Training (EXP) forms:

Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

Q28: Do I need to list a site more than once on EXP-2?

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

Q29: How can I report Interprofessional team-based care at the training sites?

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including the profession of the principal-HRSA sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

FAQs about the Curriculum Development and Enhancement (CDE) forms:

Q30: What if courses are created with a variety of funding sources?

A30: Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?

A:31 Only courses that were marked as ‘Under Development’ or ‘Developed but Not Yet Implemented’ will pre-populate the CDE-1 table. Courses marked as ‘Implemented’ will pre-populate the new CDE-1a table.

Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A32: For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

FAQs about the Faculty Development (FD) forms:

Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?

A33: Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration, and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds.

FAQs about the Continuing Education (CE) forms:

Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A34: For the purposes of the CE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

FAQs about Technical Support & Assistance:

Q35: Who do we contact if we need technical assistance entering data in EHB?

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

Q36: Where will grantees be able to locate the instruction manuals for the performance reports?

A36: Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q37: Is there a way to look at the data forms required for my program without logging into EHB?

A37: Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at <http://bhw.hrsa.gov/grants/reporting/index.html>.

Q38: Are reports from prior years stored in the EHBs?

A38: Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

- a) Clicking the 'view prior period data' link within a form or under your Resources tab;
- b) Going into your grant folder and searching for previously completed reports; or
- c) Clicking on the "submissions" link in the left side navigation menu.

Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

A39: Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes their specific training program or permanently leaves before completion.